

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO. 9/920607 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1		2		2			51						
2		2		2			52						
3		2		2			53						
4		2		2			54						
5		2		2			55						
6		2		2			56						
7		2		2			57						
8		2		2			58						
9		2		2			59						
10		2		2			60						
11		2		2			61						
12		2		2			62						
13		2		2			63						
14		2		2			64						
15		2		2			65						
16		2		2			66						
17		2		2			67						
18		2		2			68						
19		2		2			69						
20		2		2			70						
21		2		2			71						
22		2		2			72						
23		2		2			73						
24		2		2			74						
25		2		2			75						
26		2		2			76						
27		2		2			77						
28		2		2			78						
29		2		2			79						
30		2		2			80						
31				1			81						
32				1			82						
33				1			83						
34				1			84						
35				1			85						
36				1			86						
37				1			87						
38				1			88						
39				1			89						
40				1			90						
41				1			91						
42				1			92						
43				1			93						
44				1			94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	10		10				TOTAL IND.						
TOTAL DEP.	176		190				TOTAL DEP.						
TOTAL CLAIMS	186		200				TOTAL CLAIMS						

Pg. 2.

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 9/920607

FLING DATE

APPLICANT(S)

Pg. 1

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
8		/		/		
9		/		/		
10		/		/		
11		/		/		
12		/		/		
13		/		/		
14	/		/			
15		/		/		
16		/		/		
17		/		/		
18		/		/		
19		/		/		
20		/		/		
21		/		/		
22		/		/		
23		/		/		
24		/		/		
25	/		/			
26		/		/		
27		/		/		
28		/		/		
29		/		/		
30		/		/		
31		/		/		
32		/		/		
33		/		/		
34		/		/		
35		/		/		
36		/		/		
37		/		/		
38	/		/			
39		/		/		
40		/		/		
41		/		/		
42		/		/		
43		/		/		
44		/		/		
45		/		/		
46		/		/		
47		/		/		
48		/		/		
49		/		/		
50		/		/		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

46
70
60
176

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52	/		/			
53		/		/		
54		/		/		
55		/		/		
56		/		/		
57		/		/		
58		/		/		
59		/		/		
60		/		/		
61		/		/		
62		/		/		
63		/		/		
64		/		/		
65		/		/		
66		/		/		
67	/		/			
68	/		/			
69	/		/			
70		/		/		
71		/		/		
72		/		/		
73	/		/			
74	/		/			
75		2		2		
76		2		2		
77		2		2		
78		2		2		
79		2		2		
80		2		2		
81		2		2		
82		2		2		
83		2		2		
84		2		2		
85		2		2		
86		2		2		
87		2		2		
88		2		2		
89		2		2		
90		2		2		
91		2		2		
92		2		2		
93		2		2		
94		2		2		
95		2		2		
96		2		2		
97		2		2		
98		2		2		
99		2		2		
100		2		2		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

46

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS